



**DEPARTMENT OF STATE
SECRETARY OF STATE'S OFFICE
OUTREACH DIVISION**

SCHOOL EDUCATION INFORMATION SHEET

DATE OF EDUCATION PROGRAM: _____

EDUCATION PROGRAM TIME: _____

NAME OF SCHOOL: _____

LOCATION OF SCHOOL: _____

APPROXIMATE # OF STUDENTS: _____

CONTACT PERSON: _____

OFFICE TELEPHONE #: _____

CELL PHONE #: _____

FAX #: _____

COMMENTS REGARDING SCHOOL EDUCATION PROGRAM OR COMMENTS:

SIGNATURE: _____

DATE: _____